

| POSITION                  | INITIALS                    | ID NO.                | DATE                    |
|---------------------------|-----------------------------|-----------------------|-------------------------|
| FEE DETERMINATION         | <i>Handwritten initials</i> |                       |                         |
| O.I.P.E. CLASSIFIER       | <i>Handwritten initials</i> | <i>Handwritten ID</i> | <i>Handwritten date</i> |
| FORMALITY REVIEW          | <i>Handwritten initials</i> | <i>Handwritten ID</i> | <i>Handwritten date</i> |
| RESPONSE FORMALITY REVIEW | <i>Handwritten initials</i> | <i>Handwritten ID</i> | <i>Handwritten date</i> |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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829  
 01/03/02  
 5C-571  
 01/29/02